LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

June 10, 2015

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, *Co-Chair*	Raquel Cataldo	Lambert Talley	Jane Nachazel
Fariba Younai, DDS, *Co-Chair*	Kimler Cruz-Gutierrez		Doris Reed
Derek Dangerfield	Suzette Flynn		
Kevin Donnelly	Maria Roman		
David Giugni			**DHSP STAFF**
Terry Goddard, MA			None
John Palomo			
Ricky Rosales			
Carlos Vega-Matos, MPA			

CONTENTS OF COMMITTEE PACKET:

1) **Agenda**: Standards and Best Practices (SBP) Committee Agenda, *6/10/2015*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *5/21/2015*
3) **Format**: Population-Specific Guidelines: Instructions and Formatting, *3/18/2015*
4) **Graphic**: HIV Service Access & Utilization Determinants Framework, *5/21/2015*
5) **Graphic**: Los Angeles County Continuum of HIV Services (Revised), *5/21/2015*
6) **Table**: County of Los Angeles, Division of HIV and STD Programs, Programs and Services, Continuum of Service Definitions by Funders Cross-referenced with COH Service Categories and the Local Continuum of HIV/STD Services, Commission on HIV and the Division of HIV and STD Programs, May 2013, *5/13/2015*

1. **CALL TO ORDER**: Dr. Younai called the meeting to order at 9:15 am.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order, as presented **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   Motion 2: Approve the 5/21/2015 Standards and Best Practices (SBP) Committee meeting minutes, as presented **(*Passed by Consensus*)**.

4. **PUBLIC COMMENT, *(Non-Agendized or Follow-Up)***: There were no comments.

5. **COMMITTEE COMMENT, *(Non-Agendized or Follow-Up)***: There were no comments.

6. **CO-CHAIRS' REPORT**:
   - Ms. Granados reported strong community support for the Boards' meeting at which DHSP's PrEP framework was approved.
   - Mr. Vega-Matos said DHSP was focused that week on its presence at LA Pride. It was working with the Prevention Work Group constituency to ensure a strong presence including distribution of hand cards. A 6/11/2015 DHSP press release will announce DHSP's PrEP website which will include an updated directory of providers offering PrEP in the community.

- DHSP was developing the implementation roadmap including a solicitation process and roll out at two STD clinics in high impact areas planned for September 2015 including Dr. Ruth Temple Health Clinic.
- DHSP began presenting to the Commission on biomedical interventions in August 2014. The PrEP framework defines the role of public health. DHSP will work with the Commission and the advocacy community to educate the public through a social marketing campaign on what PrEP is, what it does and what it does not do. DHSP was also training HIV testing staff countywide on what PrEP is and how to discuss it with patients who test HIV-, but are at high risk or have a recent STD.
- DHSP has held one PrEP training and plans others to build clinician capacity. A focus is primary care providers who are not HIV specialists, but serve those dealing with HIV and recognize others in their clinics may benefit. Interest was strong.
- Most health plans in California including Medi-Cal cover the medical visits, medications and safety laboratory tests. Health plans do not cover risk reduction counseling or navigators to help access a health plan for PrEP or to access Patient Assistance Programs (PAPs) to help pay for medications if the client is underinsured. DHSP can fill help fill such gaps.
- For the uninsured, DHSP can pay for medical visits and other components though most can receive medications through PAPs. DHSP can provide medications in the rare instance PAPs do not. It can also provide a starter pack while helping clients navigate access to PrEP through their health plans or help out of care clients link to care.
- Dr. Younai noted the need for Standards of Care to operationalize PrEP in the Ryan White (RW) system. Mr. Vega-Matos replied the CDC and HRSA had standards for biomedical interventions. Dr. Sonali Kulkarni was also further developing protocols in the framework. She provides clinical care at Dr. Ruth Temple health Clinic so was dealing with issues first hand.
- Mr. Vega-Matos reported DHSP has consulted with County Counsel to confirm minors can consent under California law.
- Mr. Rosales asked about the two amendments from the Board meeting to offer PrEP at County Jails and correctional youth camps. Mr. Vega-Matos said assessing the amendments was a Board directive to DHSP. He noted the County was considering having the Department of Health Services (DHS) run medical services at County Jails in which case DHS might be more suited than DHSP to provide PrEP services. DHSP now provides HIV and STD screenings at Juvenile Hall.

➲ Mr. Vega-Matos will discuss with Dr. Kulkarni scheduling a presentation to SBP on PrEP protocols in July or August.

➲ SBP will review pertinent PrEP/biomedical interventions standards/protocols prior to development of a Standards of Care.

7. POPULATION-SPECIFIC GUIDELINES FORMAT:

- Dr. Younai condensed Guidelines information from previous materials especially the extensive memorandum which also discussed the not yet finalized Continuum at length. Guidelines differ from Standards of Care (SOCs) by addressing specific subjects for emerging populations. Current Guidelines for youth, women and transgender people will need to be updated.
- Ms. Granados asked about contractual requirements. Mr. Vega-Matos replied Guidelines are not included in contracts because that would require the long process to change contracts anytime Guidelines changed. Instead, SOCs are built into the contract and references are made to other governing documents for delivery of the service.
- The Medical Care Coordination (MCC) protocol, e.g., is not in the contract, but contractors are required to follow the protocol. Because the protocol itself is not in the contract, DHSP can update it as needed. DHSP uses the contract, protocols and any other public health guidance for performance-based monitoring purposes which includes chart review.
- The new Ambulatory Outpatient Medical (AOM) rolled out with a Pay For Performance structure that starts with a basic rate. Contractors that meet core performance measures receive an additional payment as an incentive. AOM rates will be reset this year based on last year's monitoring results. AOM and testing are the only services with an incentive program.
- Overall, corrective action plans are required when monitoring identifies egregious performance lapses. Funding may also be reduced. Contracts have been terminated if performance has not improved after a couple of cycles.
- Dr. Younai noted the sixth Guidelines goal/objective, realize target individual and population health outcomes, should be developed with specific outcomes. Mr. Vega-Matos said Wendy Garland, MPH, a DHSP epidemiologist, was reviewing program service outcomes and would be spearheading the outcomes project to align services along the Continuum and then assess them at the agency level for DHSP. She will be joining SBP and report on service category level outcomes.
- Mr. Rosales preferred not to include best practices/guidelines in contracts because agencies that do not meet some standards cannot be paid. Instead, he highlights best practices/guidelines in the RFP and requires applicants to craft programs based on the RFP. That allows contracts themselves to be more flexible.
- Mr. Goddard felt some discomfort with best practices as they are often not evidence-based. SBP is often so overwhelmed with work that completing an SOC feels like work is done, but it should start a cycle of evaluation and revision. He asked about incorporating evidence-based practices in Guidelines and if mechanisms were in place to evaluate effectiveness.
- Dr. Younai said at the outcome level SBP could become sophisticated enough to rank outcomes by available evidence on effectiveness. Mr. Vega-Matos recalled three or four years ago SBP developed thresholds with Amy Wohl, MPH, PhD to

rank evidence strength for a practice addressed in literature. Mr. Vega-Matos said Ms. Garland was engaged in literature searches to support service protocol outcomes. She uses very good, moderate or anecdotal rankings and can assist SBP.

- Mr. Goddard would like pre- and post-Guidelines assessment, but the value of data would be impacted by the degree to which universal adherence was attained so assessment might not be feasible. Mr. Vega-Matos replied DHSP contract monitoring provides supplemental data, e.g., on provider adherence to contract guidelines and outcomes data.
- SBP will hear an AOM presentation in July with blinded provider data providing system level analysis on how well providers were meeting AOM performance measures based on contract monitoring data. SBP has also had presentations on the County's treatment cascade and treatment cascade outcomes for patients who have received medical care through RW.
- Mr. Goddard sought to include a more scientific framework for Guidelines evaluation to address service effectiveness which is part of the Commission's charge. Mr. Vega-Matos felt that should be part of the Work Plan, but not the Guidelines.

➲ Locate table developed by the prior SOC Committee that adapted from medical to behavioral criteria for evaluating the strength of evidence for a particular best practice and ranked strength levels based on those criteria.

MOTION #3: Approve the Population-Specific Guidelines Format, as amended to add a second sentence at the end of "Best Practices," page 4: "When available, the published scientific evidence for a specific practice and the related outcomes will be included in the Guidelines." **(*Passed by Consensus*)**.

8. REVISED CONTINUUM OF HIV SERVICES:

- Dr. Younai revised the Continuum to simplify it and incorporate SBP's work on social determinants. Ron Max Anderson developed models on the impact of social determinants on health and presented on his work to the Committee. SBP chose to retain his model since it is published research, but adapted it to reflect determinants and outcomes pertinent to HIV.
- The Determinants Framework includes Societal/Structural (Contextual) Determinants, Individual Determinants, Health Behaviors and both Population Level and Individual Level Outcomes. The domains are reflected in the revised Continuum.
- Under Individual Determinants, Mr. Vega-Matos strongly recommended moving Race/Ethnicity from the Social Conditions to the Predisposing Factors/Demographics subcategory. Race/ethnicity is not chosen. Others felt it underlined the impact of discrimination as listed, but Mr. Vega-Matos noted that pertained to other demographic factors as well, e.g., age or gender.
- Dr. Younai said the Continuum and accompanying Determinants Framework breakout need to be presented with an explanatory memorandum. She had not drafted that as yet so preferred postponing the Commission presentation to August. That would also allow time for a fuller exploration of the subject at the July SBP meeting.
- Regarding development of the Continuum itself, Dr. Younai said an extensive systems mapping exercise was conducted in 2004-2005 with the assistance of a HRSA consultant. Expert panels including providers, consumers and social science researchers examined how people engaged each service and moved through it, e.g., how they came to services, where they came from, how they were referred, how referring agencies interacted with each other.
- The panels reflected movement through the system in a graphic using arrows. The consultant analyzed the graphic and developed a system of risk buckets through which people moved based on various individual or system factors. The Commission anchored its Continuum with the bucket system before Dr. Edward Gardner published his Cascade of Engagement and Treatment in 2011. The Commission's system is more dynamic than the Cascade because it can reflect both positive and negative movement into and out of the buckets rather than only the static Cascade points.
- More than 650 papers have been written on the Cascade, but it has become less favored over time mainly due to its lack of adaptability to the environment. It was also developed when the CDC still recommended ART at or around a 350 CD4 count.
- Dr. Younai sought to retain bucket system flexibility in the revised Continuum while incorporating the Determinants Framework and reflecting populations outside each bucket with a blue section over the white ones to better incorporate prevention. The model offers the opportunity to include outcomes for the full range of interventions for all populations.
- Mr. Vega-Matos felt the blue buckets should shrink over time, but Dr. Younai said they did not represent numbers. Mr. Goddard noted the bars look like the Cascade which reflects data. Dr. Younai replied she was considering how to revise the graphic to avert that confusion, e.g., using triangles rather than bars or using a circular graphic.
- Mr. Vega-Matos noted the Continuum efforts for PLWH first focus on diagnosis and then on improved care while efforts for HIV= people focus on maintaining that status. Mr. Giugni added the number of PLWH becomes mainly static once they are diagnosed. A that point, effort shifts to working towards viral suppression.

➲ Schedule additional discussion on Revised Continuum of HIV Services for July SBP and August Commission presentation.

➲ Dr. Younai will further revise the Continuum graphic and email results to SBP for review prior to the 7/16/2015 meeting.

MOTION #4: Approve the Revised Continuum of HIV Services, as presented **(*Postponed*)**.

9. SERVICE CATEGORY CLUSTERS:

- Mr. Vega-Matos reported the Service Category Clusters Work Group met several times to review the HRSA, CDC and STD categories. The Work Group included Mr. Donnelly, Ms. Granados, Mr. Goddard and himself.
- The Planning, Priorities and Allocations (PP&A) Committee previously adopted funder service categories for Priority- and Allocation-Setting (P-and-A). In the past, DHSP converted allocations and expenditures from Commission service categories to those required for funder reporting. PP&A will now allocate, e.g., to Non-Medical Case Management which will then be directed to services such as Benefits Specialty. SOCs should also reflect how services relate to the funding stream.
- The Work Group developed clusters to help publish SOCs along the HIV Continuum. A column was added to reflect Commission service categories to the right of Table 1, Service Definitions for HIV Care and Treatment Services Funded by Ryan White (RW) Care Act. The column was changed to "Comments" for Table 2, HIV Prevention Service Definitions Funded by the Centers for Disease Control and Prevention (CDC); and Table 3, STD Prevention and Treatment Definition of Services.
- Dr. Younai noted the current set of SOCs pertains only to care and treatment. Ultimately, SOCs will reflect the entire prevention and care/treatment HIV Continuum. SOCs might be regrouped to, e.g., publish one Engagement in Care SOC with information on services supported by RW, the CDC or other sources. That would avert re-iterating information in multiple SOCs. Mr. Vega-Matos noted services like Engagement in Care were in both Tables 1 and 2. "Prevention" under RW-funded services pertains to Treatment as Prevention rather than primary prevention services.
- Mr. Vega-Matos noted he would need to work with additional DHSP staff to develop Table 3 which addresses STDs.
- Not all services are reflected under all payer sources, e.g., biomedical services are not funded by HRSA. The CDC pays for some biomedical intervention services, e.g., risk reduction services, but Net County Cost will be needed for medications.
- Dr. Younai asked if RW addressed STDs. Mr. Vega-Matos replied RW standards for AOM include screenings for Hepatitis and various STDs. For primary STD work, CDC prevention contracts include multiple co-morbidity HIV and STD testing programs. Separate STD activities are funded through a separate CDC grant and County funds. Activities include testing in public health STD clinics, surveillance, partner services and case management for certain populations, e.g., pregnant women.
- Community Embedded Disease Investigation (CEDI) is a program similar to partner services for PLWH with STDs. CEDI Specialists are effective in eliciting partners and identifying those with HIV and STDs who need diagnosis and treatment.
- Mr. Vega-Matos suggested DHSP start presenting on the STD part of the DHSP portfolio in the fall.
- Dr. Younai said she asked Mitchell Kushner, MD, MPH for a pre-publication review of the Medical Outpatient SOC. He added STD screening at many points and updated initiation of ART from at/near a 350 CD4 count to concurrent with HIV diagnosis.
- Mr. Vega-Matos said revision of AOM performance measures is on DHSP's work plan and the Medical Advisory Committee's (MAC's) agenda. Efforts should be coordinated with Dr. Kulkarni, Medical Director, DHSP, and Chair, MAC.

➲ Mr. Vega-Matos will forward the Service Definitions document with Service Clusters for Tables 1 and 2 to Dawn McClendon with "Draft" removed. Ms. McClendon will include the document in the 6/11/2015 Commission packet for approval.

➲ Mr. Vega-Matos will work with DHSP STD staff to complete Table 3.

➲ Dr. Younai will forward the final Medical Care SOC revisions to Dr. Kulkarni for review. Dr. Younai is also a member of MAC.

MOTION #5: Approve the Table 1 and 2 Service Category Clusters, as presented **(*Passed by Consensus*)**.

10. NEXT STEPS:

A. Task/Assignment Recap: There was no additional discussion.

B. Agenda Development for Next Meeting(s):

➲ 6/18/2015: Presentation on DHSP's new Linkage and Re-Engagement Program which uses public health surveillance data to the extent allowable by law to identify PLWH who did not return for test results or who have fallen out of care. Amy Wohl, MPH, PhD and Sophia Rumanes, MPH will present and answer questions as the main meeting focus.

➲ 6/18/2015: Co-Chair elections. Nominees to date were: Mr. Donnelly, Mr. Goddard and Dr. Younai.

➲ 7/16/2015: Presentation of system-level results for first year of Pay-For-Performance Ambulatory Outpatient Medical.

11. ANNOUNCEMENTS: Mr. Vega-Matos thanked SBP Co-Chairs and Commission staff for the well-focused recent meetings.

12. ADJOURNMENT: The meeting adjourned at 11:30 am.